Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10678153

CLAIMS AS FILED - PART I (Column 1)						mn 2)	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS					*		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	2 mir	nus 3 =	*		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	· TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2						(Column 3)	SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	· · ·	=	X43=		OR	X86=	
Ĺ	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	r CLAIM		+145=		OR	+290=	
							TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	
,							TÖTAL ADDIT. FEE		ł	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA								1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3									OR		ļ
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
	The "Highest Nur	ther Previously Pa	id For" (Total o	r Indenend	dent) is th	e highest number	r found in the ap	propriate bo	x in c	olumn 1.	